## CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

## STATEMENT OF ECONOMIC INTERESTS PAIR POLITICAL PRACTICESOVER PAGEN

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CITY OF SOUTH EL MONTE CITY CLERK'S OFFICE

Please type or print in ink.	PR -4 PM 2. 10 WIY CLE	RK'S OFFICE	
NAME OF FILER (LAST)	(FIR\$T)	(MIDDLE)	
ILI	WILLHANS	ANTHONY	
1. Office, Agency, or Court			
Agency Name		<del></del>	
CITY OF SOUTH EL MONTE			
Division, Board, Department, District, if applicable	Your Position	Your Position	
CITY COUNCIL/IMPROVEMENT DISTRICT	COUNCILMEMBER/COM	COUNCILMEMBER/COMMISSIONER	
▶ If filing for multiple positions, list below or on an attachment.			
Agency: PARKING AUTHORITY/FINANCING AUTHO	ORITY Position: COMMISSIONER	COMMISSIONER	
2. Jurisdiction of Office (Check at least one box)			
☐ State	Judge (Statewide Jurisdiction)	☐ Judge (Statewide Jurisdiction)	
Multi-County	County of	County of	
☑ City of SOUTH EL MONTE	Other	Other	
3. Type of Statement (Check at least one box)			
Annual: The period covered is January 1, 2010, through Dece	ember 31, Leaving Office: Date Left (Check one)		
The period covered is 1 / 26 / 10, through Dece	·	The period covered is January 1, 2010, through the date of	
2010.	leaving office.	, , , 10 (0) through the deta of	
Assuming Office: Date/	<ul> <li>The period covered is</li> <li>of leaving office.</li> </ul>	The period covered is/, through the date of leaving office.	
Candidate: Election Year Office sough	ht, if different than Part 1:		
1. Schedule Summary		2	
Check applicable schedules or "None."	► Total number of pages including this co	otal number of pages including this cover page:2	
☐ Schedule A-1 - Investments – schedule attached	Schedule C - Income, Loans, & Busin	Schedule C - Income, Loans, & Business Positions - schedule attached	
Schedule A-2 - Investments – schedule attached		Schedule D - Income - Gifts - schedule attached	
Schedule B - Real Property – schedule attached	☐ Schedule E - Income – Gifts – Travel	Schedule E - Income - Gifts - Travel Payments - schedule attached	
-or-	ole interests on any schedule		
I certify under penalty of perjury under the laws of the State of	California that		
02/20/11			
Date Signed	Signature		

## SCHEDULE D Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

WILLHANS A. ILI

	<del> </del>	
NAME OF SOURCE	► NAME OF SOURCE	
Richards Watson Gerhson	Athens	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)	
355 S. Grand Avenue, 40th Floor, Los Angeles	104048 E. Valley Blvd.	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE	
City Attorney	Solid Waste Company	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	
3 , 9 , 10 <sub>\$</sub> 12.96 Dinner	5 , 14 , 10	
4 , 27 , 10 s 13.30 Dinner	12 , 24 , 10	
<u>5 , 14 , 10</u> s 11.79 Dinner		
► NAME OF SOURCE	► NAME OF SOURCE	
Richards Watson Gerhson	Anthony R. Ybarra	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)	
355 S. Grand Avenue, 40th Floor, Los Angeles	1415 Santa Anita Avenue, South El Monte	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE	
City Attorney	City Manager	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	
6 , 22 , 10 s 4.87 Drinks	12 / 24 / 10	
10 , 12 , 10 s 6.44 Dinner		
12 , 1 , 10 <sub>\$</sub> 49.95 Holiday Gift		
▶ NAME OF SOURCE	► NAME OF SOURCE	
ADDRESS (Business Address Acceptable)  ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	
\$		
	\$	
Comments:		